

 CITY OF CHULA VISTA	DEPARTMENT OF PLANNING & BUILDING BUILDING DIVISION 276 Fourth Avenue Chula Vista CA 91910 619-691-5272 619-409-5428 FAX	<h1 style="margin: 0;">REROOF WORKSHEET</h1>
<h2 style="margin: 0;">FORM 4563</h2>		

Applicant – The following information shall be provided for City review and approval prior to issuance of a permit for reroofing. Please complete all applicable non-shaded areas.

JOB ADDRESS		OWNER/BUILDER? [] YES [] NO	
APPLICANT NAME <i>please check one</i> [] Contractor [] Agent for Contractor [] Owner [] Agent for Owner [] Designer			
ADDRESS	PHONE NUMBER	FAX NUMBER	
PROPERTY OWNER/LESSEE TENANT NAME <i>Please check one</i> [] Owner [] Lessee or Tenant			
ADDRESS	PHONE NUMBER	FAX NUMBER	
CONTRACTOR			
ADDRESS	PHONE NUMBER	FAX NUMBER	
STATE CONTRACTOR'S LICENSE #	CLASS	EXPIRATION DATE	
CHULA VISTA BUSINESS LICENSE #	ARE YOU EXEMPT FROM WORKER'S COMPENSATION INSURANCE [] Y [] N		
WORKER'S COMPENSATION POLICY #	CARRIER		
EXISTING ROOF INFORMATION			
[] RESIDENTIAL [] COMMERCIAL			
ROOF SLOPE: RISE (IN INCHES)	NO. OF LAYERS OF EXISTING COVERINGS: [] 1 [] 2 [] 3		
TYPE OF EXISTING ROOF COVERING:			
TYPE OF EXISTING SHEATHING: WILL EXISTING COVERING BE REMOVED? [] YES [] NO			
NEW ROOF APPLICATION INFORMATION			
NEW ROOF MATERIAL TRADE NAME & MANUFACTURER:			
NEW ROOF MATERIAL TYPE:			
WEIGHT PER SQUARE:		NO. OF SQUARES:	
FIRE RATING CLASS: [] A [] B [] C [] NON-RATED		NEW PLYWOOD SHEATHING? [] YES [] NO	
DESCRIPTION FOR ROOFING APPLICATION:	[] Built-up roof [] Concrete Tile [] Clay Tile [] Composition shingles [] Cement [] Wood shakes [] Wood Shingles [] Roof Restructure [] Fiberglass Shingles		
BASIS FOR ROOF SYSTEM APPROVAL:			
Is the existing structural design sufficient to sustain the weight of the proposed new roof? [] Yes [] No			
If not, provide roof plan to substantiate adequate stability for a heavier roof system.			
I understand the following inspections are required: (1) Tear-off/pre inspection prior to installing new roof covering; (2) Final Inspection. I agree to perform all work in accordance with Municipal Code requirements. I acknowledge that all information on this form is true and correct.			
Signature (Owner/Contractor):			Date:

ACTIVITY NUMBER:

ADDRESS: